# Health Insurance Coverage of Children in Iowa

## Results from the Iowa Child and Family Household Health Survey

Third report in a series


Peter Damiano, DDS, MPH
Professor and Director

Jean Willard, MPH
Senior Research Assistant

Public Policy Center
The University of Iowa

Jane Borst, MA
Bureau Chief

Lucia Dhooge, BSN, MBA
Nurse Clinician

Gretchen Hageman, MA
Community Health Consultant

Debra Kane, PhD, RN
CDC Asignee

Iowa Department of Public Health

Andrew Penziner, MD
Program Associate

Child Health Specialty Clinics



December 2007

This study was supported by the Iowa Department of Public Health, the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC). The results and views expressed are the independent products of university research in collaboration with the Iowa Department of Public Health and Child Health Specialty Clinics and do no necessarily represent the views of the Maternal and Child Health Bureau, the CDC or the University of Iowa.

## Executive Summary

This report presents information about the health insurance coverage of children in Iowa using data derived from the 2005 Iowa Child and Family Household Health Survey (IHHS). Results for uninsured children were compared to those for publicly (Medicaid and ***hawk-i***) and privately insured children.

- **3%** were uninsured (down from 6% in 2000)

  -decrease due to growth in Medicaid and ***hawk-i***

  -2/3 of uninsured children were eligible for Medicaid and ***hawk-i*** (80% in 2000)

Another 4% were uninsured at some point in the past year.

For parents, **11%** were uninsured (same as 2000).

Children without medical insurance were **more** likely to:

- be Hispanic/Latino
- have less educated parents
- have a lower global health status (parents rate health excellent to poor)
- have unmet need for medical and dental care (stopped from getting care)
- have parents who worried a lot about paying for their children's care
- have uninsured parents
- be dentally uninsured

Uninsured children were **less** likely to:

- have access to care including having a regular source of medical and dental care and having had a preventive visit in the past year
- have a special health care need (35% with public insurance)

Children with public insurance rated their insurance higher than those with private insurance.

Policy recommendations include:

- continue to expand outreach and simplify enrollment for Medicaid and ***hawk-i***

  **-**would cover 99% of children in Iowa with no new programs

- develop options for covering families, not just children to improve access to care
- increase coverage for mental health and dental services, two areas with significant unmet need for care

## Introduction

This report presents the results of an analysis of the health insurance coverage of children in Iowa from birth to 18 years of age. The data were derived from the Iowa Child and Family Household Health Survey (IHHS) which was conducted in the fall of 2005 and spring of 2006. Results from this study were compared to results collected in the 2000 IHHS. In this report, we present the level and types of health insurance coverage of children in Iowa and compare a number of factors such as demographic characteristics and access to care across three groups of children: 1) those with private insurance, 2) those with public insurance (Medicaid and ***hawk-i***, and 3) those who were uninsured, at the time of the survey.

## The Iowa Child and Family Household Health Survey

The 2005 IHHS was the second comprehensive, statewide effort to evaluate the health status, access to health care, and social environment of children in families in Iowa. The first IHHS was conducted in 2000. The 2005 IHHS was a collaboration between the Iowa Department of Public Health (IDPH), the University of Iowa Public Policy Center (PPC), and the Child Health Specialty Clinics (CHSC). Funding was provided primarily by the IDPH, with additional funding from the U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB) and the Centers for Disease Control and Prevention (CDC).

The primary goals of the IHHS were to: 1) assess the health and well-being of children and families in Iowa, 2) assess a set of early childhood issues, 3) evaluate the health insurance coverage of children in Iowa and features of the uninsured, and 4) assess the health and well-being of racial and ethnic minority children in Iowa.

Questions were asked from a wide range of topic areas encompassing health, overall well-being, and family environment. The 2005 survey included a special emphasis on early childhood issues. Topic areas from the 2005 survey included:

- Demographics of Iowa families with children
- Health status
    - Functional health status
    - Children with special health care needs (CSHCN)
    - Additional emphasis on asthma
- Health insurance coverage of children and parents
- Health care issues

    - Medical care
    - Preventive care
    - Dental care
    - Behavioral/emotional health care
    - Prescription medication
    - Emergency room use
- Child care
- Family and social environment
    - Early childhood environment
    - Nutrition and exercise
    - Behavioral/emotional health status
    - Parenting stress
    - Maternal well-being/depression
    - Tobacco, alcohol, and drug use
    - Gambling
    - Marital satisfaction

The intent of the study was to provide information for policymakers and health planners about the status of families with children in Iowa from a social health perspective.

## METHODOLOGY

The 2005 IHHS was a population-based telephone interview conducted with a sample of over 3,600 families with children in Iowa. The interview included approximately 125 questions, depending on the number of questions relevant to the family being interviewed. The survey instrument was developed by the research team after evaluating many existing survey instruments such as the National Survey of American Families (NSAF) and the National Health Interview Survey (NHIS).[1,2] The screening instrument developed by the Child and Adolescent Health Measurement Initiative (CAHMI) was used to identify children with special health care needs (CSHCN).[3]

The University of Northern Iowa (UNI) Center for Social and Behavioral Research conducted the data collection for the survey, following review by the UNI Human Subjects Review Board. Interviews were completed with the parents of 3,674 children throughout the state of Iowa. Phone numbers dialed included a combination of random digit dial (22%) and targeted

[1] http://newfederalism.urban.org/nsaf/

[2] http://www.cdc.gov/nchs/nhis.htm

[3] http://www.cahmi.org/

phone numbers (78%) obtained from a private vendor. Targeted lists came from a variety of resources including white pages and other lists (e.g., voter registration, magazine subscriptions, warranty cards, census data). Screening questions were asked to determine if the number was connected to a private residence, and if so, if there was at least one child living in the household. The survey questions were answered by the 'adult most knowledgeable about the health and well-being' of one randomly chosen child in the household, and the questions were asked about that child.

*3,674 Iowa parents completed the telephone survey about the health and well-being of their children*

The dispositions of calls made to complete the interviews were as shown in Table 1.

**Table 1. Participation Rate for 2005 Iowa Child and Family Household Health Survey**

| | |
|---|---|
| Number completing the interview | 3,674 |
| Number of refusals or unable to complete interview | 1,097 |
| Participation rate | 77% |

Respondents were primarily mothers (77%) and fathers (18%). The other 5% of respondents included grandmothers (2%), step-parents (2%), and other relatives and guardians (1%). Because 95% of the respondents were either a mother or father, respondents will be referred to as 'parents' throughout this report. Among the final respondents, 78% were identified from the targeted sample and 22% from randomly dialed numbers.

In order to account for biases related to design and data collection factors, the data used in this report were weighted to provide a representative sample of children in Iowa. Weighting first consisted of accounting for biases related to family size (i.e., the sampling design originally biased the sample toward children in smaller families because the chances of being the child chosen for the survey were much higher. A child in a one-child household was twice as likely to be the 'chosen' child as a child in a two-child household, etc.).

Also factored into the weighting were biases related to having a partially targeted sample as opposed to a totally random sample. Results from the targeted calls were compared with random digit dial data, and both were compared to externally collected data sources. The data were then weighted to match the income and age distribution from the 2000 Census.

Finally, a weight related to the design effect was added for the analysis in order to make statistical testing more conservatively accurate. Weights for individual

cases range from .51 to 5.09, with a mean weight of .6163.

In any telephone-based survey, there is a possibility that results may be biased because those without telephones are not interviewed, and they may have different health conditions and health care needs than those with telephones. In Iowa, it is estimated that three percent of households do not have household telephones.[4]

### Identification of insurance coverage

Health insurance coverage can be defined in many ways. In this study, coverage was defined at two points in time: (1) at the time of the interview, and (2) at any point in the previous year. To determine insurance coverage at the time of the interview, participants were asked the following:

> *Question 1: Do you have any type of health care coverage for [CHILD] including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Title 19? (Yes, No, Don't know/refused)*
>
> *Question 2: What type of health care coverage do you use to pay for most of [CHILD's] medical care? Is it coverage through…*
> *(Employer, someone else's employer, a plan you buy, **hawk-i,** Medicaid, other)*

To determine insurance coverage during the previous year for those currently with insurance (i.e., periods of being uninsured in past year), participants were asked the following:

> *Question 1: In the past 12 months, has there been any time when [CHILD] has not had any health insurance coverage? (Yes, No, Don't know/refused)*

For this report, the primary comparisons are between those who, at the time of the survey:

- had private insurance
- had public insurance (Medicaid and ***hawk-i,*** Iowa's Separate State Child Health Insurance Program (S-SCHIP))
- were uninsured

Separate results for children in Medicaid and ***hawk-i*** are only presented where statistically significant differences were found. For parents, public insurance only relates to coverage by the Medicaid program.

---

[4] Anonymous, 2000 "Telephone Information by State." Survey Sampling, Inc., One Post Road, Fairfield, CT 06430.

## STATEWIDE RESULTS

Below is a summary of the results of the IHHS specifically relating to insurance coverage. For those wishing more detail, tables comparing results for children with private insurance, those with public insurance, and uninsured children are available in the back of this report.

*There were fewer children in Iowa in 2005 than in 2000*

### Demographics of children and families in Iowa

Reliable estimates of the number and characteristics of Iowa families and children were difficult to locate for 2005. The primary resource for demographic information is the U.S. Decennial Census, which was last conducted in 2000 and is not scheduled to take place again until 2010. According to the 2000 U.S. Census, there were 729, 971 children under the age of 18 living in Iowa (25% of the population). According to the 2005 Current Population Survey estimates, the population for children under 18 was 670,801. This is a difference of 59,170, which is an 8.1% decrease.[5]

Further evidence of this decline in children in the state is presented in Table 2, which includes data from the Iowa Department of Education indicating a 4.2% decline in students in grades K-12 between the 1999-2000 school year and the 2005-2006 school year. It is interesting to note that the number of births in Iowa have increased during this time period.

**Table 2. Change in number of Iowa births and K-12 school enrollment, 2000 and 2005**

| | 2000 | 2005 | Percent change |
|---|---|---|---|
| Iowa births | 38,250 | 39,275 | +2.7% |
| School enrollment | 540,887 | 518,355 | -4.2% |

The number of families with children in Iowa has remained relatively steady. In the 2000 Census, there were 377,687 families in Iowa. The best estimates for families in Iowa in 2005 is 378,190, but the margin of error shows that this number is not significantly different from the 2000 estimates.

### Health insurance coverage

About 3% of Iowa children were uninsured at the time of the call, down from 6% in 2000. This matched national trends indicating a decline in uninsured children since the beginning of the SCHIP program in 1997. A Census Bureau

[5] Table 2: Annual Estimates of the Population by Sex and Age for Iowa: April 1, 2000 to July 1, 2005 (SC-EST2005-02-19). Source: Population Division, U.S. Census Bureau. Release Date: August 4, 2006. Available at: http://www.census.gov/popest/states/asrh/tables/SC-EST2005-02-19.xls

*Two-thirds of the uninsured are eligible for Medicaid or hawk-i*

report based on Current Population Survey data also found that 3% of Iowa children were uninsured in 2005-2006.[6]

In this study, another 4% of Iowa children were found to be uninsured at some point in the previous 12 months, an improvement from 6% in 2000. Iowa's rate was significantly lower than the national average for children (11%) and third lowest among all states.[6]

The proportion of uninsured children (about 3% of all children in Iowa) varied by income in 2005: About two-thirds of the uninsured were in families with incomes under 200% of the Federal Poverty Level (FPL) and would therefore be eligible for either Medicaid (36% <133% FPL) or the State Child Health Insurance Program-SCHIP (29% from 134-200% FPL) (Figure 1). This leaves 1% of children in the state (35% of the uninsured) without eligibilty for insurance through existing public programs.Therefore, 99% of children in Iowa could be covered with health insurance by enrolling children already eligible for Medicaid and ***hawk-i*** into these programs. Actual program eligibility is more complex so this is considered a rough estimate.

*99% of children in Iowa would be insured if all eligible children were enrolled in Medicaid and hawk-i*

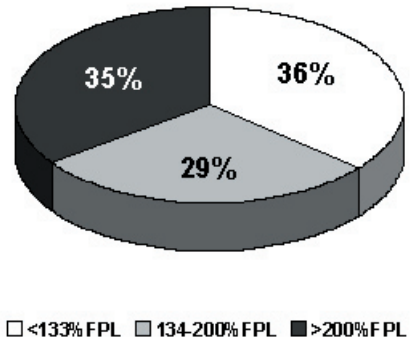



**Figure 1. Percent of Federal Poverty Level and potential program eligibility for uninsured children in Iowa**

Note: Children's Medicaid eligibility in Iowa is <133% of FPL, ***hawk-i*** is 133% to 200% of FPL

Even though the majority of uninsured children were from lower income families, the proportion of all uninsured children that were from higher income families increased from 21% in 2000 to 35% in 2005 as a result of more uninsured children being enrolled in Medicaid and ***hawk-i*** and more with private insurance losing their coverage.

The majority of Iowa children (73%) had their primary health insurance coverage through private insurance. This was a decline from 84% in 2000 as the proportion of employer-based insurance for children declined and those with public insurance increased. Among those with insurance, 92%

[6] U.S. Census Bureau, Current Population Survey, 2006. Available at http://www.census.gov/hhes/www/hlthins/lowinckid.html

had purchased it through an employer, while the other 8% had their insurance purchased as an individual policy (same proportions as in 2000). About 20% of Iowa children had public insurance through either the Medicaid program (17%) or the ***hawk-i*** program (3%). Less than 1% had their primary coverage through military-related insurance (e.g., Tricare, VA).

Additional questions were asked about the two public insurance program options for children in Iowa: Medicaid and ***hawk-i***. Ninety-four percent of all respondents had heard of the Medicaid program, and one in five children in Iowa (20%) not currently enrolled in Medicaid had been in the program at some point in their lives, including 63% of the uninsured and one out of six children with private insurance (17%). Conversely, 22% of all children covered by Medicaid had been uninsured at some point during the past year. Almost one-third (29%) of uninsured children had applied for the Medicaid program since the last time the child had health insurance coverage, but three-quarters of these children were not eligible because their household incomes were too high. For the uninsured children whose families did not apply to Medicaid, the most frequent reason they did not apply was because they thought they would have incomes too high to qualify. Regarding the ***hawk-i*** program, about three-quarters of respondents were aware of the program, and 6% of children not currently in the program had been enrolled in ***hawk-i*** at some point in their lives. A slightly higher proportion of uninsured children had applied for ***hawk-i*** than Medicaid since the last time their child had health insurance (32%).

### Parents' insurance coverage

Eleven percent of Iowa's children had a parent who was uninsured at the time of the call (it was primarily mothers who completed the interview)—no change from 2000. As might be expected, there was a relationship between the insurance coverage of children and their parents. Eighty-three percent of children had parents with the same insurance, down slightly from 2000 (88%). Thirty-four percent of uninsured children had parents with insurance coverage. Also, the parents of one-third of children with public insurance were uninsured. Of children with private insurance, 3% had parents who were uninsured.

*One out of six children with private insurance had been in the Medicaid program*

### Rating children's insurance coverage

Public insurance coverage through the Medicaid and ***hawk-i*** programs was rated higher than private health insurance for Iowa children (Figure 2). This was consistent with results from 2000.

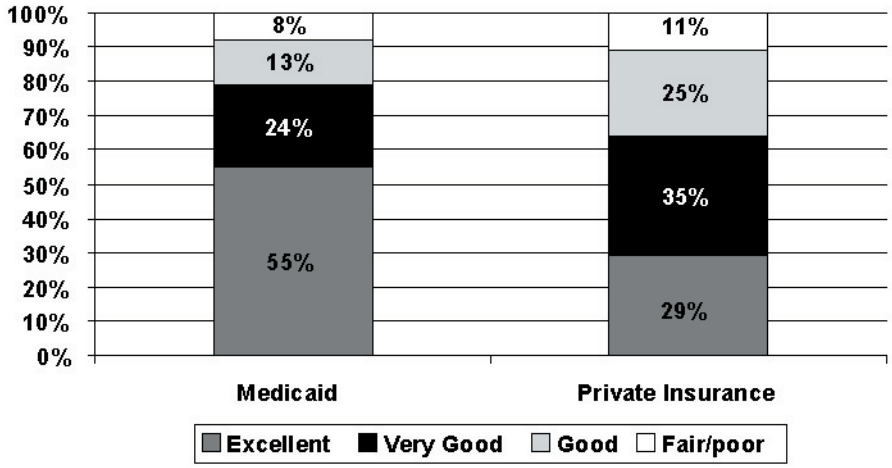



**Figure 2. Rating of health insurance coverage**

Public insurance coverage was rated as excellent for 55% of children compared to 29% of those with private insurance. About one in ten rated both types of insurance as fair or poor.

*Public insurance was rated much higher by parents than private insurance*

### Factors associated with type of insurance coverage

Several types of issues were evaluated relative to whether the child had private health insurance, public health insurance through Medicaid/***hawk-i*** or was uninsured. These included demographic characteristics of the child and family, the child's health status, access to health care and their school and family environment.

#### *Demographic characteristics by insurance status*

The rate of uninsured children was relatively consistent by age with no significant difference in the age distribution of children with public or private insurance. There was a statistically significant difference in the rate of uninsurance by race/ethnicity, however, with Latino children being more than twice as likely to be uninsured as other children in the state (7.5% vs. 3%). Black children were the most likely to be enrolled in public insurance programs (55%). Children covered by public insurance were the lowest income group of the three, with 63% in families with incomes <133% of FPL. A significantly higher proportion of uninsured children were in families with incomes <133% FPL (39%) compared to those with private insurance (9%).

The parents of children with private insurance had a significantly higher

level of education, with 40% having a four-year college degree or more compared to 13% of the parents of uninsured children and 12% of the parents of children with public coverage. The parents of 12% of uninsured children did not have a high school degree.

Marital status was found to be related to insurance coverage. Almost nine out of ten children with private insurance were in families where the parents were married or in a marriage-like relationship, compared to about three-quarters of uninsured children and those with public insurance.

***Children's health status***

Children with private insurance had the highest overall health status as rated by their parents. Sixty-four percent of privately insured children were reported to be in excellent health compared to 50% of those covered by public insurance and 47% of the uninsured. This was a significant change from 2000, when uninsured children were most likely to be rated in excellent health (71%), although uninsured children were also least likely to have a special care need (13%). Publicly insured children were most likely to have a special health care need (35%) and children with private insurance were in between these two groups (18%).

***Access to medical care***

Six different dimensions of access to medical care were evaluated in this study: (1) having a regular source of medical care, (2) need and unmet need for medical care, (3) timely receipt of acute care, (4) emergency room visits in the past year, (5) receipt of preventive care and (6) prescription medications. In general, uninsured children were reported to have lower access to medical care than children covered by either public or private health insurance.

*Uninsured children were rated to be in the lowest health state by parents*

*Regular source of medical care*

Parents were asked if they had one person they considered their child's regular doctor or nurse to gauge whether the child had a regular source of medical care. Uninsured children were much less likely to have a regular source of medical care than insured children. About three quarters (75%) of uninsured children had a personal doctor or nurse compared to 95% of children covered by public

*Uninsured children were least likely to have a regular source of medical care*

insurance and 93% with private insurance.

*Need and unmet need for medical care*

*There is a higher level of unmet need among the uninsured than among those with public or private insurance*

Uninsured children had the lowest proportion needing medical care in the previous year but the highest percent with unmet need for medical care (defined as having been stopped from receiving needed medical care in the

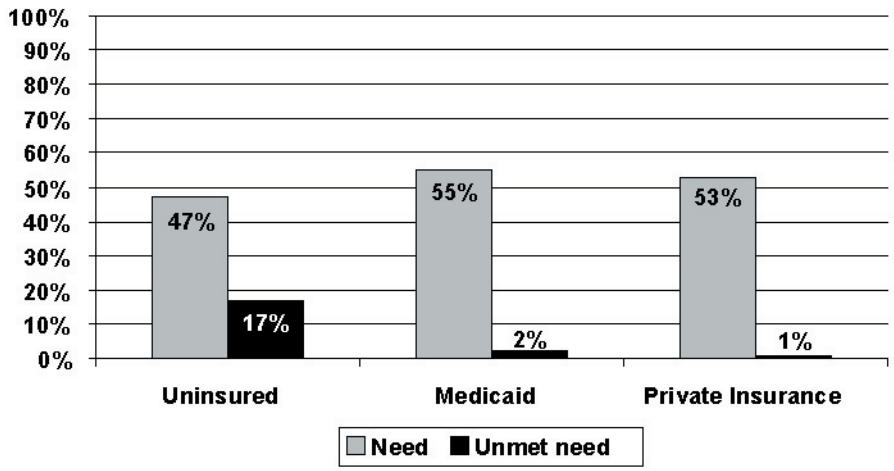



**Figure 3. Need and unmet need for medical care**

*Timely receipt of acute care*

To evaluate access to sick care, parents were asked how often their child received care for an illness or injury as soon as they wanted. Uninsured children were significantly less likely to have always received timely acute care compared to those with public or private insurance (Figure 4).

*Access to acute care was lowest for uninsured children*

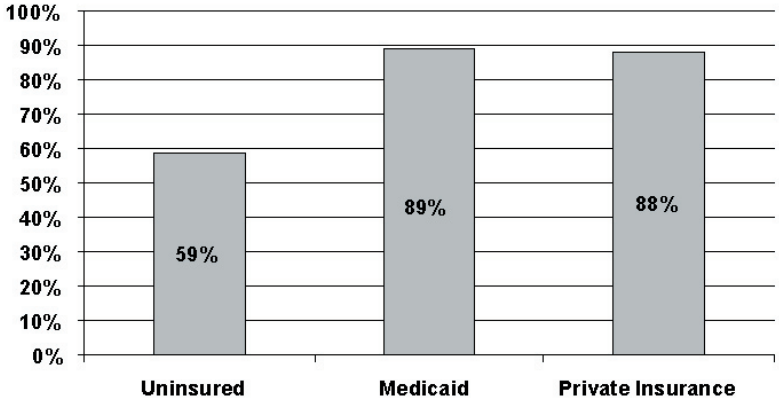
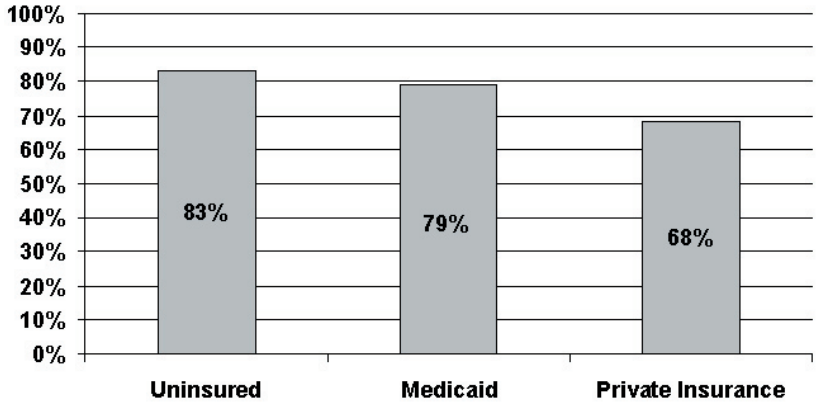



**Figure 4. Always get timely acute care**

*Emergency room visits*

Uninsured children were as likely to have made an emergency room (ER) visit in the previous year as children with public insurance. This was a change from 2000 when children with public insurance were most likely to have been to an ER. The uninsured also had the highest proportion of ER visits for care that could have been provided in a doctor's office or clinic, although this was high for all children (Figure 5).




**a clinic**

*Preventive care*

Uninsured children were least likely to have had a preventive visit in the previous year (Figure 6) and were most likely not to have had a preventive visit in 2 years or more (18%). In 2000, children with public insurance were the group least likely to have had a preventive visit in the past year.

*Uninsured children were least likely to have an annual preventive visit*

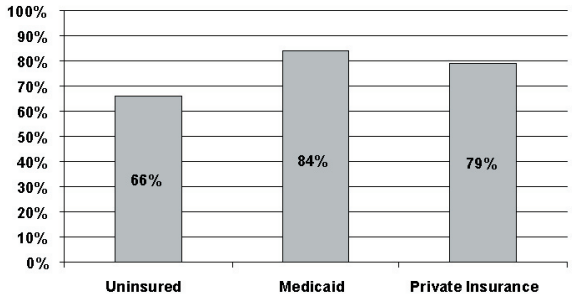



**Figure 6. Preventive health visit in previous year**

While the receipt of age-specific anticipatory

guidance (i.e., preventive counseling about things such as watching what your child eats and using a car seat or bike helmet) was low for all groups, the uninsured were least likely to report receiving such counseling (2% vs. 29% for the other two groups).

***Impact on the family of being uninsured***

*Parents of uninsured children worried much more about paying for their children's health care*

Almost two-thirds of uninsured children (62%) had parents who worried "a great deal" about paying for their child's health care compared with 11% of publicly insured children and 5% of privately insured children. This was an increase from about 50% in 2000. Conversely, 68% of privately insured children and 60% of publicly insured children had parents who did not worry "at all" about paying for their child's care, compared to 15% of parents of uninsured children who had no worries.

## Dental insurance coverage

There were significantly more children in Iowa without dental insurance than without medical insurance. Twenty percent of Iowa children did not have dental insurance at the time of the interview, an improvement from 25% in 2000. Seventeen percent of children received dental insurance through the Medicaid program, an increase from 10% in 2000. Sixty-one percent received dental coverage through private insurance, a decline from 65% in 2000, while the remaining 3% received dental coverage through the ***hawk-i*** program. For the dental questions, children with public insurance were separated into two groups: children in the ***hawk-i*** program and children in the Medicaid program, because ***hawk-i*** has a dental insurance program "carved-out" to Delta Dental of Iowa or Wellmark, whereas Medicaid operates its own dental insurance program.

*One in four children did not have dental insurance*

Uninsured children and those in Medicaid were less likely to report needing dental care in the previous year (Figure 7). Among children reported to need dental care, most needed a check-up or cleaning (75%). Over one in five needed treatment such as a filling and 3% needed emergency care. Unmet need for dental care was highest among the dentally uninsured, a change from 2000 when children in Medicaid were most likely to have unmet dental needs (Figure 7). Unmet need for dental care was more frequent than unmet need for medical care among all groups.

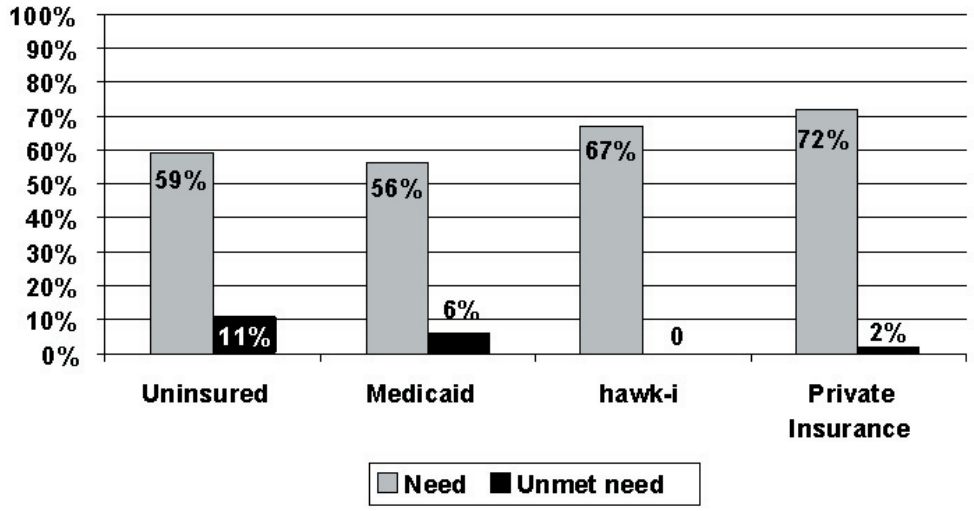



**Figure 7. Need and unmet need for dental care**

Those with private and ***hawk-i*** dental insurance were most likely to have a regular source of dental care (95% had one main place), compared to about 85% of those who were uninsured or enrolled in Medicaid. Similarly, children with private or ***hawk-i*** dental coverage were more likely to have had a dental visit in the past year (85% vs. 69% for the uninsured or Medicaid enrollees). There was no significant difference in how parents rated their child's oral health (excellent to poor scale) by insurance coverage.

## Conclusions

The primary finding of this study was that the rate of uninsured children in Iowa improved from 6% to 3% between 2000 and 2005. Most of this improvement was related to an increase in the number of children enrolled in Iowa's public insurance programs, Medicaid and ***hawk-i***, rather than an increase in the number with private insurance. Although the rate of uninsured children in Iowa is lower than in most states, there were roughly 30,000 to 80,000 Iowa children who were either uninsured or were at significant risk of being uninsured. This does not include the unidentified number of children who were underinsured in the event of a catastrophic health event.

Public insurance programs (i.e., Medicaid and ***hawk-i***) are thus playing an important role in providing transitional and potentially long-term insurance coverage for children in the state. Almost two-thirds of uninsured children had been covered by Medicaid at some point in their lives, an increase from 2000. In addition, one in six children with private insurance had been enrolled in Medicaid at some point in the past. About two-thirds of uninsured children were

eligible for either Medicaid or ***hawk-i,*** a decline from 80% in 2000. While the reasons these children remain uninsured vary, the importance to parents of having insurance for their children was clear. The parents of almost nine out of ten uninsured children said it was very important to them that their children had health insurance coverage.

There was also a strong relationship between the health insurance coverage of children with private insurance and their parents. Almost 9 out of 10 privately insured children had parents with the same insurance coverage. This was not true for children with public insurance, where only 4 out of 10 children had parents with public insurance. This is likely due to the higher income eligibility guidelines for parents than for children. Thinking about how children and families seek services, providing insurance coverage to families, rather than to individual children or adults, would greatly improve both overall insurance coverage and utilization of services. Studies have indicated that children with uninsured parents are much less likely to utilize services than children with parents who have insurance.[7]

The greater likelihood of children being insured in families where the parents were married may be in part due to the additional chance of receiving employer-based health insurance coverage through two adults rather than one in a household.

Higher satisfaction ratings by Medicaid enrollees compared to those with private health insurance, a finding consistent with our previous studies, could be related to several factors. First, Medicaid insurance coverage, including paperwork and copayments, may be less complex to deal with, from the insured's perspective, than some private insurance plans. Second, Medicaid offers a comprehensive benefit package based on what is needed to keep a child healthy compared to an employer-based plan in which covered services are based on what an employer can afford. Third, there are no out-of-pocket expenses for Medicaid-covered services for children. And fourth, health care coverage expectations for Medicaid enrollees could be lower than people with private insurance. These results were similar to findings from a study conducted with Iowa Medicaid enrollees where Medicaid coverage for children was rated higher than private insurance on factors including ability to meet their child's health care needs, and types of services covered.[8]

---

[7] Hanson, KL. Is Insurance for Children Enough? The Link Between Parents' and Children's Health Care Use Revisited. Inquiry, 1998; Volume 35, pp. 294-302.

[8] Damiano PC, Tyler MA, Momany ET. *Evaluating Iowa Medicaid Managed Care Plans: The Consumer Perspective*. Final report to the Iowa Department of Human Services, May 2004.

The association between insurance coverage and the child's health status were mixed in this study and varies somewhat with findings in 2000 and in some national studies.[9] Uninsured children in Iowa were rated as being in slightly lower overall health in 2005 than in 2000. They were, however, less likely to be defined as having a special health care need than those with private insurance or with Medicaid coverage in both studies. Uninsured children in 2005 were as likely as those with public and private insurance to have needed health care in the previous year (they were least likely in 2000). Access barriers associated with not having health insurance were apparent, however, with uninsured children being significantly more likely to report unmet need for medical care. Moreover, almost two-thirds of uninsured children had parents who worried a great deal about paying for their children's health care.

Oral health is often considered separately from medical health and thus dental insurance is often provided separately from medical insurance. Children were almost seven times more likely to be without dental insurance than medical insurance, although there was an improvement from 25% to 20% dentally uninsured, likely related to the greater proportion of children in Medicaid and ***hawk-i***. The Medicaid and ***hawk-i*** programs include comprehensive medical and dental benefits for children. This time Medicaid's comprehensive list of covered services did correlate with better access to dental care, with unmet need twice as low as for uninsured children.

## Policy recommendations

1) Continue to expand outreach and simplify enrollment for Medicaid and ***hawk-i***

   —would cover 99% of children in Iowa with no new programs.

2) Develop options for covering families, not just children to improve access to care.

3) Increase coverage for mental health and dental services, two areas with significant unmet need for care.

[9] Hoffman C and Wang M. Health Insurance Coverage in America 2001 Data Update 2003, p. 29.

## Results Tables

1) What type of health care coverage do you use to pay for most of your child's medical care?

| | Percent |
|---|---|
| Uninsured | 3% |
| Public insurance | 20% |
| Private insurance | 77% |

2) Federal poverty income level

| | Up to 133% poverty | 134-200% poverty | 201+ % poverty |
|---|---|---|---|
| Uninsured | | | |
| % of uninsured | 39% | 38% | 23% |
| % of income group | 5% | 6% | 1% |
| Public insurance | | | |
| % of publicly insured | 62% | 23% | 15% |
| % of income group | 62% | 26% | 5% |
| Private insurance | | | |
| % of privately insured | 9% | 16% | 75% |
| % of income group | 33% | 68% | 94% |

p=0.00

3) Child race and ethnicity (responses add up to more than 100% because respondents could check more than one)

| | Latino | African-American | Caucasian |
|---|---|---|---|
| Uninsured | | | |
| % of uninsured | 10% | 2% | 98% |
| % of race/ethnic group | 8% | 2% | 3% |
| Public insurance | | | |
| % of publicly insured | 5% | 10% | 94% |
| % of race/ethnic group | 28% | 55% | 19% |
| Private insurance | | | |
| % of privately insured | 3% | 2% | 99% |
| % of race/ethnic group | 65% | 44% | 78% |

4) Has your child ever been covered by Medicaid?

| | Yes | No |
|---|---|---|
| Uninsured | 63% | 37% |
| Public insurance (***hawk-i*** only) | 62% | 38% |
| Private insurance | 17% | 83% |

p=0.00

5) Has your child been uninsured at some point in the last year?

| | Yes | No |
|---|---|---|
| Public insurance | 12% | 88% |
| Private insurance | 2% | 98% |

p=0.00

6) How would you rate your child's health insurance plan?

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Public insurance | 55% | 24% | 13% | 7% | 1% |
| Private insurance | 29% | 35% | 25% | 9% | 3% |

p=0.00

7) Child age group*

| | 0-4 years | 5-9 years | 10-14 years | 15-17 years |
|---|---|---|---|---|
| Uninsured | 24% | 21% | 29% | 26% |
| Public insurance | 33% | 24% | 29% | 15% |
| Private insurance | 24% | 29% | 29% | 18% |

p=0.17

8) What is your current marital status?

| | Married | Divorced | Widowed | Separated | Never married | Marriage-like relationship |
|---|---|---|---|---|---|---|
| Uninsured | | | | | | |
| % of uninsured | 58% | 7% | 6% | 2% | 10% | 18% |
| % by marital status | 2% | 2% | 11% | 3% | 6% | 11% |
| Public insurance | | | | | | |
| % of publicly insured | 55% | 14% | 5% | 2% | 11% | 13% |
| % by marital status | 14% | 33% | 53% | 32% | 52% | 56% |
| Private insurance | | | | | | |
| % of privately insured | 87% | 7% | 1% | 1% | 2% | 2% |
| % by marital status | 84% | 65% | 37% | 35% | 42% | 33% |

p=0.00

9) What is the highest grade or level of school that you have completed?

| | Less than high school | High school or ged | Some college/2-yr degree | 4-yr college grad | More than 4-yr degree |
|---|---|---|---|---|---|
| Uninsured | 12% | 29% | 44% | 11% | 2% |
| Public insurance | 8% | 37% | 42% | 8% | 3% |
| Private insurance | 1% | 20% | 39% | 29% | 11% |

p=0.00

10) How would you rate your child's overall health?

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Uninsured | 46% | 40% | 13% | 1% | 0% |
| Public insurance | 50% | 35% | 13% | 2% | 0% |
| Private insurance | 64% | 27% | 8% | 1% | 0% |

p=0.00

11) Does your child have a special health care need? (from CAHMI screening instrument)

| | Yes | No |
|---|---|---|
| Uninsured | 13% | 87% |
| Public insurance | 35% | 65% |
| Private insurance | 18% | 82% |

p=0.00

12) Does your child have a personal doctor or nurse?

| | Yes | No |
|---|---|---|
| Uninsured | 75% | 25% |
| Public insurance | 95% | 5% |
| Private insurance | 93% | 7% |

p=0.00

13) During the past 12 months, was there any time when you or a health professional thought your child needed medical care of any kind?*

| | Yes | No |
|---|---|---|
| Uninsured | 47% | 53% |
| Public insurance | 55% | 45% |
| Private insurance | 53% | 47% |

p=0.82

14) In the last 12 months was there any time when your child needed medical care but could not get it for any reason? (of those needing care)

| | Yes | No |
|---|---|---|
| Uninsured | 18% | 82% |
| Public insurance | 2% | 98% |
| Private insurance | 1% | 99% |

p=0.00

15) In the last 12 months, how many times did you take your child to a hospital emergency room?

| | None | 1 time | 2-4 times | 5-9 times |
|---|---|---|---|---|
| Uninsured | 65% | 33% | 2% | 0% |
| Public insurance | 65% | 20% | 13% | 1% |
| Private insurance | 76% | 18% | 6% | 0% |

p=0.00

16) When was your child's last preventive health visit?

| | <12 mos | 1-2 yrs | 2+ yrs | Never |
|---|---|---|---|---|
| Uninsured | 66% | 13% | 18% | 3% |
| Public insurance | 84% | 14% | 2% | 0% |
| Private insurance | 79% | 16% | 6% | 0% |

p=0.00

17) Does anyone in your household smoke cigarettes?

| | Yes | No |
|---|---|---|
| Uninsured | 54% | 46% |
| Public insurance | 52% | 48% |
| Private insurance | 22% | 78% |

p=0.00

18) In the last 12 months, how much, if at all, have you worried about paying for your child's health care?

| | A great deal | Somewhat | A little | Not at all |
|---|---|---|---|---|
| Uninsured | 62% | 15% | 8% | 15% |
| Public insurance | 11% | 18% | 11% | 60% |
| Private insurance | 5% | 13% | 14% | 68% |

p=0.00

19) In the past 12 months, has there been any time that your child has not had any health insurance?

| | Yes | No |
|---|---|---|
| Public insurance | 12% | 88% |
| Private insurance | 2% | 98% |

p=0.00

20) Have you heard of the Medicaid program?*

| | Yes | No |
|---|---|---|
| Uninsured | 94% | 6% |
| Public insurance (***hawk-i*** only) | 98% | 2% |
| Private insurance | 94% | 6% |

p=0.50

21) Has your child ever received health care coverage through the Medicaid program?

| | Yes | No |
|---|---|---|
| Uninsured | 63% | 37% |
| Public insurance (***hawk-i*** only) | 62% | 38% |
| Private insurance | 17% | 83% |

p=0.00

22) Have you heard of Iowa's Child Health Insurance Program, called ***hawk-i***?

| | Yes | No |
|---|---|---|
| Uninsured | 80% | 20% |
| Public insurance (Medicaid only) | 92% | 8% |
| Private insurance | 74% | 26% |

p=0.00

23) Has your child ever received health care coverage through Iowa's Child Health Insurance Program, called ***hawk-i***?

| | Yes | No |
|---|---|---|
| Uninsured | 13% | 87% |
| Public insurance (Medicaid only) | 10% | 90% |
| Private insurance | 4% | 96% |

p=0.00

24) How important is it to you for your child to have health insurance coverage?

| | Very important | Moderately important | Somewhat important | Not very important |
|---|---|---|---|---|
| Uninsured | 86% | 8% | 3% | 3% |
| Public insurance | 97% | 3% | 0% | 1% |
| Private insurance | 98% | 1% | 0% | 0% |

p=0.00

25) Does parent have any kind of health care coverage? (by insurance status of child)

| | Yes | No |
|---|---|---|
| Uninsured | 34% | 66% |
| Public insurance | 66% | 34% |
| Private insurance | 97% | 3% |

p=0.00

26) Type of insurance parents have:

| | Percent |
|---|---|
| Uninsured | 11.4 |
| Public insurance | 5.7 |
| Private insurance | 82.9 |

27) Do you and your child have the same insurance plan? (by insurance status of child)

| | Yes | No |
|---|---|---|
| Publicly insured child | 43% | 57% |
| Privately insured child | 90% | 10% |

p=0.00

28) Considering how well your health care coverage meets your needs, would you say your coverage is... (by insurance status of parent)

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Public insurance | 45% | 19% | 15% | 18% | 2% |
| Private insurance | 27% | 36% | 25% | 10% | 3% |

p=0.00

29) How important is it to you that you have health insurance coverage for yourself? (by insurance status of parent)

| | Very important | Moderately important | Somewhat important | Not very important |
|---|---|---|---|---|
| Uninsured | 69% | 14% | 12% | 5% |
| Public Insurance | 76% | 15% | 8% | 1% |
| Private Insurance | 93% | 5% | 1% | 1% |

p=0.00

30) Would you consider your child to weigh the right amount, too much, or too little compared to other children?

| | The right amount | Too much | Too little |
|---|---|---|---|
| Uninsured | 69% | 21% | 10% |
| Public insurance | 70% | 17% | 14% |
| Private insurance | 77% | 12% | 11% |

p=0.00

Dental Insurance

31) Does your child have insurance that covers dental care?

| | Medically Uninsured | Public medical insurance | Private medical insurance |
|---|---|---|---|
| Dentally uninsured | 100% | 0% | 21% |
| Medicaid dental | 0% | 83% | 0% |
| ***hawk-i*** dental | 0% | 17% | 0% |
| Private dental | 0% | 0% | 79% |

p=0.00

32) Was there a time in the past year when your child needed dental care?

| | Yes | No |
|---|---|---|
| Dentally uninsured | 66% | 34% |
| Medicaid dental | 64% | 36% |
| ***hawk-i*** dental | 70% | 30% |
| Private dental | 77% | 23% |

p=0.00

33) What kind of dental care did your child need?

| | Check-up/cleaning | Emergency | Treatment /fillings |
|---|---|---|---|
| Dentally uninsured | 72% | 3% | 25% |
| Medicaid dental | 68% | 8% | 24% |
| ***hawk-i*** dental | 70% | 5% | 25% |
| Private dental | 78% | 2% | 20% |

p=0.00

34) Was there any time in the last 12 months when your child needed dental care but could not get it?

| | Yes | No |
|---|---|---|
| Dentally uninsured | 12% | 88% |
| Medicaid dental | 6% | 94% |
| ***hawk-i*** dental | 1% | 99% |
| Private dental | 2% | 98% |

p=0.00

35) Is there one main place where you usually go for your child's dental care?

| | Yes | No |
|---|---|---|
| Dentally uninsured | 89% | 11% |
| Medicaid dental | 91% | 9% |
| ***hawk-i*** dental | 95% | 5% |
| Private dental | 97% | 3% |

p=0.00

36) When was your child's last dental visit?

| | <1 yr | 1-2 yrs | 2+ yrs | Never |
|---|---|---|---|---|
| Dentally uninsured | 77% | 10% | 4% | 8% |
| Medicaid dental | 79% | 12% | 2% | 7% |
| ***hawk-i*** dental | 87% | 3% | 5% | 5% |
| Private dental | 91% | 5% | 1% | 4% |

p=0.00

37) How would you rate your child's overall dental health?*

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Dentally uninsured | 35% | 38% | 21% | 5% | 2% |
| Medicaid dental | 35% | 33% | 26% | 4% | 2% |
| ***hawk-i*** dental | 39% | 32% | 26% | 3% | 0% |
| Private dental | 41% | 37% | 18% | 3% | 1% |

p=0.06

* No statistically significant difference between groups